

**Small Purchase Card Program
Annual Small Purchase Cardholder Training Certification**

MEMORANDUM

TO: Charge Card Administration
Department of Accounts

FROM: _____, SPCC Program Administrator

Agency: _____

Agency Number: _____

SUBJECT: **Annual SPCC Cardholder Training**

I certify that all employees who are SPCC cardholder's have completed the required 2007 SPCC Cardholder Training. I have maintained on file written documentation as proof from these individuals as required. I understand that it is my responsibility to ensure that all new staff who become SPCC cardholders complete this training.

Number of Cardholders _____

Signed by the SPCC Card Program Administrator:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please fax completed form to:

Attention: Charge Card Administration Team at (804) 786-9201